

South Dakota Department of Human Services  
ADA Admission Screen - Print Out

<b>Unique ID:</b> 123403051957MHE	<b>First Name:</b> Jud	<b>MI:</b> Last Name Clampet
<b>MH Adm Date:</b>	<b>ADA Adm Date:</b> 10/10/2010	
<b>Local ID:</b> 11111-10F400	<b>Provider:</b> South Dakota Counseling	

**Secondary Drug Information**

None - Not Applicable

**Secondary Route of Administration**

Not Applicable

**Secondary Frequency**

Not Applicable

**Secondary Age of First Use**

**Secondary Drug DSM Diagnosis**

No Diagnosis or Condition V71.09

**Tertiary Drug Information**

None - Not Applicable

**Tertiary Route of Administration**

Not Applicable

**Tertiary Frequency**

Not Applicable

**Tertiary Age of First Use**

**Tertiary Drug DSM Diagnosis**

No Diagnosis or Condition V71.09

**Other DSM Diagnosis**

No Diagnosis or Condition V71.09

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No Diagnosis or Condition V71.09

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**Gambling Information**

**Gambling Diagnosis:** None

**Number of Prior Gambling Treatment Episodes:**

**Most Amt Ever Won:** \$ 0.00

**Most Amt Ever Lost:** \$ 0.00

**Current Gambling Related Debt:** \$ 0.00

**Primary Gaming Type:**

Not Applicable

**Primary Frequency:**

Not Applicable

**Primary Age of First Episode:**

**Secondary Gaming Type:**

Not Applicable

**Secondary Frequency:**

Not Applicable

**Secondary Age of First Episode:**

**Tertiary Gaming Type:**

Not Applicable

**Tertiary Frequency:**

Not Applicable

**Tertiary Age of First Episode:**

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**Legal Information**

**Number of Times Arested 30 Days Prior to Admission:** 0

**Number of DUIs in the Past 10 Years:** 1

**Y Currently on Parole Status/Penitentiary Inmate**

**Convictions in the past 10 Years:**

☐ Assault

☐ Disorderly Conduct

☐ Minor in Consumption

☐ Shoplifting

☐ Breaking & Entering

☐ Failed UA

☐ Petty Theft

☐ Truancy

☐ Burglary

☐ Grand Theft

☐ Possession

☐ Vandalism

☐ Chins

☐ Grand Theft Auto

☐ Public Intoxication

☐ Other

☐ Curfew Violation

☐ Hit and Run

☐ Robbery

☐ Destruction of Property

☐ Ingestion of a controlled substance

☐ Runaway

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**ADA Adm Date:** 10/10/2010   **Time:** 0:00   **Co-Dependent:** No   **ROI:** N   **Revoked ROI:** N   **Revoked Date:**

**ASAM Level of Care/Specific Pgm:**

II.1 - Intensive outpatient treatment services

**# of Days Waiting to Enter Treatment:** 2

**Pregnant**      **Due Date**      **Primary Health Ins.**

**Source of Payment**

Not Applicable

None

No Charge

**Referral**

**Detailed Criminal Justice Referral**

**Satellite Location**

Court/Criminal Justice Referral

DUI/DWI

**Adult Living Arrangement**

**Adolescent Living Arrangement**

**Income Source**

**Marital Status**

With Unrelated Person

Wages/Salary

Divorced

**Veteran Status**

**Education Level**

**Emp/UnEmp Status**

**Not In Labor Force**

**Emp/UnEmp Length**

No

10

Full-Time

Not Applicable

Less than 6 months

**Did client attend a self-help or support group 30 days prior to admission:**    No attendance in the past month

**Mental Health**

**\*Does client have a psychiatric problem in addition to Gambling or Alcohol or Drug use problem? No**  
**Psychiatric/Mental Health Problems (Mark all that apply)**

☐ Adjustment Disorders

☐ Anxiety Disorders (Panic disorder, phobias, obsessive compulsive disorders, post traumatic stress disorders)

☐ Attention - deficit and disruptive behavior disorders

☐ Bipolar Disorders

☐ Dementia

☐ Depressive Disorders (Suicidal ideation/attempts)

☐ Dissociative Disorders (Amnesia, Depersonalization)

☐ Eating Disorders

☐ Fetal Alcohol Effects

☐ Fetal Alcohol Syndrome Disorder

☐ Grief Issues

☐ Hyper-Activity Disorder

☐ Impulse - Control Disorders (Intermittent Explosive Disorder)

☐ Learning Disorders

☐ Personality Disorders (Antisocial, Avoidant, Narcissistic, Borderline, Paranoid, Schizoid, Dependent)

☐ Physical and/or Emotional Abuse

☐ Schizophrenia and Other Psychotic Disorders

☐ Sexual Abuse or Sexual Assault

☐ Sleep Disorders

**Substance Abuse Information**

**Number of Prior Substance Abuse Treatment Episode**    0 Previous

**Opioid Replacement Therapy**    No

**Primary Drug Information**

Alcohol - Alcohol

**Primary Route of Administration**

**Primary Frequency**

**Primary Age of First Use**

Oral

1 - 3 Times in Past Month

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**Primary Drug DSM Diagnosis**

Alcohol Dependence 303.90